

EXHIBIT F

UNITED STATES DISTRICT COURT
FOR THE CENTRAL DISTRICT OF CALIFORNIA

MARK SNOOKAL, an individual,)	
)	
)	
Plaintiff,)	
vs.)	Case No.
)	2:23-cv-6302-HDV-AJR
)	
CHEVRON USA, INC., a California)	
Corporation, and DOES 1 through)	
10, inclusive,)	
)	
Defendants.)	

REPORTER'S TRANSCRIPT

VIDEOTAPED DEPOSITION OF

DR. ESHIOFE ASEKOMEH

Thursday, October 10, 2024

Via Zoom Video Conferencing

7:03 a.m.

Reported by: Rachel N. Barkume, CSR, RMR, CRR
Certificate No. 13657

Dr. Eshiofe Asekomeh

October 10, 2024

A P P E A R A N C E S

FOR THE PLAINTIFF:

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6300 Wilshire Boulevard, Suite 1500
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FOR THE DEFENDANT:

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By: ROBERT E. MUSSIG
Attorney at Law
333 South Hope Street, 43rd Floor
Los Angeles, California 90071
(213) 620-1780
rmussig@sheppardmullin.com

THE VIDEOGRAPHER:

Jacob Rivera

ALSO PRESENT:

Eguono Erhun, In-House Counsel for Chevron

Dr. Eshiofe Asekomeh

October 10, 2024

1 Q. Occupational head [sic] functions. Okay.

2 And at the time that you held these positions,
3 you were in Warri, W-A-R-R-I, Nigeria?

4 A. Okay. So between 2011 and 2016, I was in Port
5 Harcourt, Nigeria. Between 2016 and 2020, I was in
6 Warri, Nigeria.

7 Q. And then after 2020, what was your next
8 position?

9 A. So after 2020, I'm presently in Escravos as
10 Escravos staff physician in charge. Escravos staff
11 physician in charge.

12 Q. So since you've been in Escravos as the staff
13 position in charge -- physician in charge, I'm sorry,
14 Deep Drill Oil Services has paid your salary; correct?

15 A. Correct.

16 Q. So most of my questions are going to focus
17 during the time in 2019 when you were the attending
18 physician working for Deep Drill Oil Services. Okay?

19 A. Okay.

20 Q. Unless I say otherwise.

21 Would you please describe your educational
22 background, Dr. Asekomeh?

23 A. Okay. So -- so I have a Bachelor's of
24 Medicine, Bachelor's of Surgery degree from the
25 University of Ibadan, Nigeria. Graduated in 1997. I

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October 10, 2024

1 did residency training in internal medicine in the
2 University of Port Harcourt Teaching House, which was
3 specializing in the West African College of Physician.
4 Between 2003 and 2009, junior residency for three years
5 in general internal medicine, and then the last three
6 years subspecializing in neurology.

7 I have a Master's in pharmacology from the
8 University of Port Harcourt in Nigeria. I have another
9 Master's in public health from the University of
10 Manchester. And then in between, I've done a course in
11 occupational health from the University College
12 Hospital, Ibadan, Nigeria.

13 Q. How do you spell Ibadan?

14 A. I-B-A-D-A-N.

15 Q. And how long have you been a physician -- a
16 licensed physician?

17 A. 1997 until date. Last 27 years.

18 Q. And do you have a medical specialty?

19 A. Yes.

20 Q. What is that?

21 A. I'm a physician, that's equivalent to the U.S.
22 internist, and I'm also a neurologist.

23 Q. An internist and neurologist. Okay.

24 A. Yes.

25 Q. Have you ever practiced cardiology?

Dr. Eshiofe Asekomeh

October 10, 2024

1 (Simultaneous crosstalk. Reporter
2 clarification.)

3 MR. MUSSIG: Incomplete hypothetical.

4 BY MS. LEAL:

5 Q. Let me rephrase. So how long is the
6 transportation time, approximately, from Warri to
7 Escravos or Escravos to Warri by helicopter?

8 MR. MUSSIG: Same objection.

9 THE WITNESS: Okay. So transport by
10 helicopter, so many variables: Weather condition,
11 flight -- helicopter availability as of that time. So
12 are we factoring in those -- those variables?

13 BY MS. LEAL:

14 Q. Sure.

15 A. Okay. So because I work in Escravos now, even
16 as a --

17 (Reporter clarification.)

18 THE WITNESS: As when I was in Warri, I had
19 come to do --

20 (Reporter clarification.)

21 THE WITNESS: When I first got to Warri, I had
22 come to work in Escravos on two rotations just to
23 relieve the doctor. So you know already the choppers
24 are field choppers. They're not standby helicopters
25 waiting for injuries or waiting for people to take ill.

Dr. Eshiofe Asekomeh

October 10, 2024

CERTIFICATE OF STENOGRAPHIC REPORTER

I, RACHEL N. BARKUME, a Certified Shorthand
Reporter of the State of California, hereby certify that
the witness in the foregoing deposition,

DR. ESHIOFE ASEKOMEH,
was by me duly sworn to tell the truth, the whole truth,
and nothing but the truth in the within-entitled cause;
that said deposition was taken at the time and place
therein named; that the testimony of said witness was
stenographically reported by me, a disinterested person,
and was thereafter transcribed into typewriting.

Pursuant to Federal Rule 30(e), transcript
review was requested.

I further certify that I am not of counsel or
attorney for either or any of the parties to said
deposition, nor in any way interested in the outcome of
the cause named in said caption.

DATED: October 13, 2024.

Rachel N. Barkume

Rachel N. Barkume, CSR No. 13657, RMR, CRR

Dr. Eshiofe Asekomeh

October 10, 2024

WITNESS SIGNATURE PAGE

I, DR. ESHIOFE ASEKOMEH, do declare under penalty of perjury that the foregoing is my deposition under oath; are the questions asked of me and my answers thereto; that I have read the deposition and have made the necessary corrections, additions, or changes to my answers that I deem necessary.

_____ I have no changes to my deposition.

_____ Following are the changes I wish to make:

Page	Line	Change
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SIGNATURE

DATE

EXHIBIT G

UNITED STATES DISTRICT COURT
FOR THE CENTRAL DISTRICT OF CALIFORNIA

MARK SNOOKAL, an individual,)	
)	
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Plaintiff,)	
vs.)	Case No.
)	2:23-cv-6302-HDV-AJR
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CHEVRON USA, INC., a California)	
Corporation, and DOES 1 through)	
10, inclusive,)	
)	
Defendants.)	

REPORTER'S TRANSCRIPT

VIDEOTAPED DEPOSITION OF

SCOTT LEVY, M.D.

Friday, August 30, 2024

Via Zoom Video Conferencing

9:31 a.m.

Reported by: Rachel N. Barkume, CSR, RMR, CRR
Certificate No. 13657

Scott Levy, M.D.

August 30, 2024

A P P E A R A N C E S

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THE VIDEOGRAPHER:

Jacob Rivera

Scott Levy, M.D.

August 30, 2024

1 THE WITNESS: When they were embedded medical
2 teams, they were -- there was a medical director for
3 these businesses that managed their teams.

4 BY MS. FLECHSIG:

5 Q. In other words, they managed the simple --
6 like, quote, unquote, simple medical evacuations?

7 A. Yes, could be anything. And -- and -- it
8 can -- yes, I would say they handled the simple
9 evacuations. It could be from an offshore platform to
10 the onshore location, can be from a remote location to
11 a -- to a -- our own clinic, our own hospital, or -- or
12 a local -- local medical facility.

13 Q. Okay. Did you have any employees who you
14 supervised?

15 A. I did, yes.

16 Q. Who -- what was the nature of the jobs you were
17 supervising?

18 A. So the team that I directly supervised were all
19 in London. So I had one nurse and three administrative
20 positions. So logist- -- helping me with logistics,
21 helping me with contracting with different medical
22 facilities, scheduling exams, things like this.

23 Q. Okay. What were you scheduling exams for? For
24 the fitness-for-duty exams?

25 A. Correct. So we would schedule exams for -- so

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1 we -- we would more or less be the embedded medical team
2 for London, for the UK. So -- that's where our office
3 was, so London is -- well, is and was a -- our
4 international hub.

5 So there was lots of travel in and out of
6 London, and so when people were coming through town,
7 they would get their work-related exams, if convenient
8 for them, or get anything they needed; or we would
9 handle business-travel-related exams, make sure people
10 get there all right, that they have their full
11 vaccinations and antimalarial medicines and what have
12 you.

13 And then we had lots of people that were in
14 transit. So I always think of it like a -- we -- sort
15 of air traffic controller sometimes. There's always
16 people coming and going. We've had, you know, rotator
17 who may live -- they could live anywhere on the planet,
18 but they work in Nigeria, and whenever they stop in
19 London on their way back home -- and so we'll get their
20 exam done in a place where there's a -- call it a
21 western standard of -- a good, strong, western standard
22 of medicine where they can get all of their needs met.

23 So yeah, there was lots of -- I would say lots
24 of scheduling. And then we had lots of people who
25 were -- became sick -- we -- either injured -- mostly

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1 sick, though -- that was probably the most common --
2 where they developed a medical condition in a location
3 where they didn't have the capabilities of managing that
4 problem, so they would be -- frequent destination for
5 people in that region to come into London to get sorted.

6 (Reporter admonishment.)

7 BY MS. FLECHSIG:

8 Q. Were you also responsible for reviewing the
9 fitness-for-duty determinations that the evaluating
10 doctors made?

11 A. Not always. And I can explain. So the
12 policy -- what we did -- the way things were handled
13 were the host location would do the evaluations -- so
14 the host would be -- in the situation we're dealing with
15 today -- would be the U.S. location would be in charge
16 of collecting the data, get the exam done where the
17 person lives or relatively close to where they live, and
18 then the host -- H-O-S-T -- location -- that's the --
19 embedded medical team would then review the medical
20 records for fitness for duty.

21 As they were receiving that person to their
22 communities, into their systems, they would perform an
23 evaluation -- well, perform a review to make sure that
24 the person was fit. And so these -- we called our
25 fitness for duties for expats Medical Suitability for

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1 Expatriation Assignment, MSCA, and so the host location would
2 review for suitability to their -- for their new
3 location.

4 Q. Okay. So I just want to make sure I'm
5 understanding correctly.

6 So basically -- it sounds like you're familiar
7 with the facts of Mr. Snookal's case; right?

8 A. Correct.

9 Q. Generally. So you -- you know that he was
10 evaluated in Los Angeles, and then he was trying to go
11 to a host location in Nigeria; right?

12 A. Yes.

13 Q. Okay. So in the policy that you just outlined,
14 in other words, Mr. Snookal, you know -- the policy is
15 the person gets evaluated by a doctor on the ground
16 where they live and then a medical team in the place
17 they're going to go reviews the evaluation.

18 A. Correct.

19 Q. Okay. So you said you sometimes are involved
20 in reviewing the determinations that are made for a
21 person's fitness for duty.

22 So when would you become involved after the
23 local exam and the host location review?

24 A. When there's a challenge or uncertainty about
25 the situation. So the -- so there are, I would say,

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1 many intricate pieces to this. And so one could be
2 something that we're not really sure of. Second could
3 be where maybe the person can't be -- a condition can't
4 be managed locally but can be managed close by, and so
5 there might be an opportunity to set up a second
6 treatment center close by to -- to their host location.
7 Or try to identify other -- other factors that could
8 potentially mitigate. And -- happy to expand as needed.

9 Q. Yeah. So I guess in terms of -- you said you
10 get involved when there's a challenge or uncertainty.

11 Does that include when an employee challenges
12 the decision that they were not fit for duty?

13 A. Yeah, I was thinking that exactly, that if --
14 the fact that I'm here shows that I do get involved in
15 certain situations. And so, yes, that's correct.

16 Q. Okay. Do you get the final say on the fitness
17 for duty when an employee makes such a challenge to the
18 determination?

19 A. I do not.

20 Q. Who -- who would get the final say?

21 A. The host location.

22 Q. Okay. So you have to defer to what the host --
23 the doctors at the host location determine.

24 A. Correct. Correct. So the host location,
25 they -- host location reviews -- the doctors review.

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1 They would then discuss any, let's say, conflict or
2 challenges or issues with, you know -- with their
3 business, so -- HR and their teams to determine and work
4 with the supervisors to determine whether a position can
5 be accommodated, whether something else can be worked
6 out, whether they need to bring me into the situation to
7 try to troubleshoot. So -- but that's -- yeah, that
8 decision would have been at the host location.

9 Q. Okay. And what kind -- so I think you started
10 describing, but what sort of troubleshooting can you do
11 if the host location says that there's an issue with the
12 employee's fitness for duty?

13 A. Correct. So potentially -- it depends on the
14 specific issue. If it's -- there are times where -- and
15 I'll give you an example.

16 There are times where the medication that the
17 person wasn't taking -- that the person was taking at
18 home is just simply not available in country and can't
19 be -- it can't -- it can't come into country, it can't
20 be prescribed in country, so sometimes the issue may be
21 simply is there a way of -- of setting up a close stop
22 for the person to come in -- when they fly in and out,
23 they can pick up their medications.

24 Potentially, if there's a specialist that they
25 need to follow instead of -- and if -- I'm just making

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1 what I think the -- the risk may be or not be.

2 Q. So how did you -- how did you first become
3 involved with Mr. Snookal's challenge to the host team
4 deeming him unfit for duty?

5 A. I was asked as a second opinion to review the
6 case.

7 Q. To provide a medical opinion on whether it was
8 safe for him?

9 A. I was -- so I don't recall exactly, but I know
10 Mr. Snookal asked for a second opinion and -- that, I
11 know for a fact. And then this was sent to me for a
12 review.

13 Q. Who sent it to you for review?

14 A. I don't remember. Again, it was years ago. I
15 know Mark and I did speak, so I'm not sure if he
16 approached me first or if someone sent it to me, but I
17 do know that Mark and I chatted about his situation.

18 Q. Okay. So when you were asked to give a second
19 opinion, were you allowed to override the decision that
20 the host team had made?

21 A. I was not allowed to override, but I would say
22 that the -- even the -- as I'm thinking of the word
23 "second opinion," that might be incorrect as well. I
24 would say that -- I was here to help with an appeal. So
25 I would look at a case and see if there was anything

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1 that was missed or some other information that might be
2 pertinent to the case and then have that discussion,
3 doctor to doctor, with our host medical team so they're
4 aware of potentially mitigating factors.

5 So it wasn't necessarily a second -- a second
6 opinion. It just -- maybe another opinion or -- maybe
7 that's not necessarily different. But just assist with
8 an appeal. But -- but the absolute -- the final
9 decision was with the host location.

10 Q. Okay. At the time that you were the regional
11 medical director for the EEMEA region, do you recall
12 anyone else who complained about the host decision not
13 to allow the transfer to take place?

14 A. No.

15 Q. Okay. So Mark Snookal was the only time --
16 Mark Snookal's complaint about the decision was the only
17 time you became involved in that way --

18 A. Correct.

19 Q. -- to give a second opinion?

20 A. Correct.

21 Q. Okay. In terms of the organizational chart,
22 are you considered the supervisor of the host medical
23 teams?

24 A. I am not.

25 Q. Okay. Who would be supervising those folks?

Scott Levy, M.D.

August 30, 2024

1 the evacuation?

2 A. We've had people die of liver failure who --
3 who died waiting for the medical evacuation to occur. I
4 mentioned earlier that the -- we had an aortic
5 dissection that died waiting for something to occur,
6 waiting for someone to get out of there. We've had --
7 we've had a child with -- with cancer who -- who died on
8 location waiting for -- or trying to decide on
9 whether -- whether he was safe to travel by medical
10 evacuation.

11 So the important thing to understand is that
12 the -- not everybody is eligible. And I'll clarify the
13 word "eligible." If someone's not safe to travel,
14 they're not going to be medically evacuated. So they
15 have to be stable and safe to make the trip in the first
16 place. And so that's the -- that's the -- that's the
17 challenge is we're not going to put them in harm's way
18 and take them away from even -- even the lowest level of
19 medical care for nothing for a six- or eight-hour trip
20 in a plane.

21 So they would have to be stable to transport.
22 So they -- I would say they don't die often or
23 frequently, but these things can happen.

24 Q. Okay. Do you know how long it typically takes
25 to perform a medical evacuation from the Escravos,

Scott Levy, M.D.

August 30, 2024

1 Nigeria, location?

2 MR. MUSSIG: Calls for speculation. Lacks
3 foundation.

4 THE WITNESS: So in general, the number I
5 usually use for any location is it takes about seven
6 hours to get a plane -- a medevac plane or air ambulance
7 available for such a -- such a -- such a transport. The
8 challenge with Escravos is given -- A, given its
9 remoteness, it -- the -- well, I would say it's -- it's
10 very common that air transport is shut down there.

11 So sand storms from the Sahara, bad weather,
12 things like this impact ability to fly in and out, and
13 so when we do -- when the -- when the weather or the
14 environment is not cooperative to a medical evacuation,
15 the only other route is by boat.

16 And to move someone out by boat -- again, this
17 is the Niger delta, which is a dangerous area in
18 Nigeria. There are militants in the Niger delta, Boko
19 Haram. Other militants operate there. And so if we
20 want to move someone by boat out of Escravos, we need to
21 notify the Nigerian military to help us to escort us
22 through the -- through the location. So -- so in the
23 meantime, it's -- it's -- and it's -- it's very
24 challenging.

25 ///

Scott Levy, M.D.

August 30, 2024

CERTIFICATE OF STENOGRAPHIC REPORTER

I, RACHEL N. BARKUME, a Certified Shorthand
Reporter of the State of California, hereby certify that
the witness in the foregoing deposition,

SCOTT LEVY, M.D.,
was by me duly sworn to tell the truth, the whole truth,
and nothing but the truth in the within-entitled cause;
that said deposition was taken at the time and place
therein named; that the testimony of said witness was
stenographically reported by me, a disinterested person,
and was thereafter transcribed into typewriting.

Pursuant to Federal Rule 30(e), transcript
review was requested.

I further certify that I am not of counsel or
attorney for either or any of the parties to said
deposition, nor in any way interested in the outcome of
the cause named in said caption.

DATED: September 12, 2024.

Rachel N. Barkume

Rachel N. Barkume, CSR No. 13657, RMR, CRR

EXHIBIT H

UNITED STATES DISTRICT COURT

FOR THE CENTRAL DISTRICT OF CALIFORNIA

MARK SNOOKAL, an)	
individual,)	
)	
Plaintiff,)	
)	
vs.)	NO. 2:23-cv-6302-HDV-AJR
)	
CHEVRON USA, INC., a)	
California Corporation,)	
and DOES 1 through 10,)	
inclusive,)	
)	
Defendants.)	
_____)	

REMOTE VIDEOTAPED DEPOSITION of ANDREW POWERS

Tuesday, September 17, 2024

Houston, Texas

Reported by:

JANE BRAMBLETT, CLR, CCRR, CSR No. 7574

Job No. 114803

Andrew Powers

September 17, 2024

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UNITED STATES DISTRICT COURT

FOR THE CENTRAL DISTRICT OF CALIFORNIA

MARK SNOOKAL, an)
individual,)
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Plaintiff,)
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vs.) NO. 2:23-cv-6302-HDV-AJR
)
CHEVRON USA, INC., a)
California Corporation,)
and DOES 1 through 10,)
inclusive,)
)
Defendants.)
_____)

REMOTE VIDEOTAPED DEPOSITION of ANDREW POWERS,
taken on behalf of Plaintiff, commencing at
10:00 a.m. and ending at 1:50 p.m., at Houston, Texas,
Tuesday, September 17, 2024, before Jane Bramblett, CLR,
CCRR, Certified Shorthand Reporter No. 7574.

Andrew Powers

September 17, 2024

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2 FOR THE PLAINTIFF:

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14 213.620.1780
15 sfan@sheppardmullin.com

16 Also Present: Jenny Sherman, Videographer

17

18

19

20

21

22

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24

25

Andrew Powers

September 17, 2024

1 THE WITNESS: Yes.

2 BY MS. LEAL:

3 Q Any other position with Chevron prior to HR
4 development program?

5 A No.

6 Q So you were hired into HR development
7 program position in San Ramon in 2009?

8 A Yes. That's correct.

9 Q So most of my questions today, Mr. Powers,
10 will pertain to the period of time when you were the
11 Senior HR Manager at the El Segundo refinery. Okay?

12 A Okay.

13 Q So during the time that you were a senior
14 HR manager in El Segundo, were there any individuals
15 who reported to you?

16 A Yes.

17 Q Who?

18 A Thalia Tse, Eric Stephenson, Kelly Andrews,
19 Violet Torres, Willy Martinez.

20 Q Anyone else?

21 A Those were my direct reports.

22 Q Okay. And what positions did these
23 individuals hold? Were they all -- did they all
24 hold the same position?

25 A No, they did not. So --

Andrew Powers

September 17, 2024

1 Q Okay. Yes, what positions did they hold?

2 A So Thalia Tse was HR business partner.
3 Kelly Andrews, also HR business partner. Eric
4 Stephenson, also HR business partner. Willy
5 Martinez was the labor relations adviser. And
6 Violet Torres was the HR assistant.

7 Q And of the three HR business partners, how
8 is it that the job responsibilities were broken up?
9 In other words, was Ms. Tse responsible for only
10 particular departments within the El Segundo
11 facility as well as the others? Or how did you
12 define their work?

13 A They were broken out to different client
14 groups. So Thalia Tse had maintenance and
15 reliability. Eric Stephenson had operations. And
16 Kelly Andrews had our other functions remaining,
17 which would be health, safety, environmental,
18 operational excellence, and technical.

19 Q Did you hire Thalia Tse?

20 A Yes, I did.

21 Q When you hired Ms. Tse, did you provide her
22 with any HR training?

23 A I was personally involved in helping her
24 onboard at Chevron, get acquainted with our
25 policies, procedures, as part of our training for

Andrew Powers

September 17, 2024

1 I declare under penalty of perjury that
2 under the laws of the State of California that
3 the foregoing is true and correct.

4

5 Executed on 11/1/2024,

6 at Spring, Texas.

7 (city)

8

9

10

DocuSigned by:
Andrew Powers
4E44833DF7F14DC...

11

ANDREW POWERS

12

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Andrew Powers

September 17, 2024

1 I, the undersigned, a Certified Shorthand
2 Reporter of the State of California, do hereby
3 certify:

4 That the foregoing proceedings were taken
5 before me at the time and place herein set forth;
6 that any witnesses in the foregoing proceedings,
7 prior to testifying, were duly sworn; that a record
8 of the proceedings was made by me using machine
9 shorthand which was thereafter transcribed under my
10 direction; that the foregoing transcript is a true
11 record of the testimony given.

12 Further, that if the foregoing pertains to
13 the original transcript of a deposition in a Federal
14 Case, before completion of the proceedings, review
15 of the transcript [] was [] was not requested.

16 I further certify I am neither financially
17 interested in the action, nor a relative or employee
18 of any attorney or party to this action.

19 IN WITNESS WHEREOF, I have this date
20 subscribed my name.

21
22 Dated: October 1, 2024


23
24 
25 JANE BRAMBLETT, CLR, CCRR
CSR No. 7574

EXHIBIT I

UNITED STATES DISTRICT COURT

CENTRAL DISTRICT OF CALIFORNIA - WESTERN DIVISION

MARK SNOOKAL, an individual,)

)

)

Plaintiff,)

)

)

vs.)

CASE No.

)

2:23-cv-6302

)

HDV-AJR

CHEVRON USA, INC., a California)

Corporation and DOES 1 through)

10, inclusive,)

)

)

Defendants.)

)

Videotaped Remote Deposition via Zoom videoconference
of SHAHID HAMEED KHAN, M.D., taken on behalf of Defendant
Chevron USA, Inc., at Culver City, California, commencing
at 2:06 p.m., Monday, February 10, 2025, before Marivon H.
Christine, CSR No. 3735.

1 APPEARANCES OF COUNSEL:

2
3 For the Plaintiff:

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8
9 For the Defendant:

10 SHEPPARD, MULLIN, RICHTER & HAMPTON, LLP
11 BY: TRACEY A. KENNEDY, ESQ.
350 South Grand Avenue
40th Floor
12 Los Angeles, California 90071
(213) 620-1780
tkennedy@sheppardmullin.com

13
14 ALSO PRESENT:

15
16 Blake Jones, Videographer
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1 have any recollection at all, your best response, if it's
2 a truthful response, is "I don't know" or "I don't
3 recall."

4 Do you understand that?

5 A Yes.

02:09

6 Q Is there any reason why we can't go forward with
7 your deposition this afternoon?

8 A No, not that I know.

9 Q Do you have any questions before we get started?

10 A No.

02:09

11 Q Like I said, I won't be taking that long, but if
12 you need to take a break, grab a cup of coffee or some
13 water, just let me know. I'm more than happy to
14 accommodate, but if there's a question pending, just
15 answer the question and then we can take a break. Is that
16 okay?

02:09

17 A Sure.

18 Q First of all, let's get a little bit of
19 background information.

20 Can you give me a little bit of your educational
21 background since high school?

02:09

22 A Since high school, I went to college at
23 Northwestern University in Evanston, Illinois. Then I
24 went to Rush Medical College for med school, which is in
25 Chicago, and then I did my internal medicine training at

02:10

1 Cedars-Sinai Hospital here in Los Angeles. I did my
2 cardiology fellowship at UCLA Wadsworth Program, and then
3 joined Cedars as faculty.

4 Q When did you start at Cedars?

5 A I started at Cedars in 1987, and I was also on 02:10
6 the UCLA faculty at the same time.

7 Q And do you have any medical specialty?

8 A Yes. I'm a cardiologist.

9 Q In the cardiology field do you have any type of
10 subspecialty within being a cardiologist? In other words, 02:10
11 are you a cardiac surgeon?

12 A Yeah. I did primarily transplant cardiology,
13 which is heart transplant cardiology.

14 Q Are you currently employed?

15 A No. 02:11

16 Q Are you retired?

17 A I am retired.

18 Q When did you retire?

19 A I retired from Kaiser when I turned 65, which was
20 in 2021, July 1st, and then took six months, and then I 02:11
21 worked for United Healthcare for about a year and a half,
22 and then I fully retired from United Healthcare last
23 July 2024.

24 Q Let's talk a little bit about your patient Mark
25 Snookal. Do you know who he is? 02:11

1 Ms. Kennedy's Exhibit 3. I can pull it up on my end here.
2 I'll share my screen.

3 So this is Exhibit 3, again. It's marked as
4 Snookal 644. You know what? Hold on.

5 MS. KENNEDY: That's a different one. 02:57

6 MS. FLECHSIG: Yes.

7 BY MS. FLECHSIG:

8 Q Snookal 644, it looks like an e-mail, dated
9 August 23, 2019, from you to scottllevy@chevron.com, with
10 a CC to mark@maygus.com. 02:58

11 Just as a remedial question. Does this look like
12 a true and correct copy of the e-mail that you sent?

13 A Yeah. I mean, I don't remember four and a half
14 years ago, but it looks like something I would have sent.

15 Q In the signature line here you say, "I understand 02:58
16 he is applying for a job in a rural or remote area of
17 Nigeria, and I understand the concern about his aortic
18 aneurysm."

19 Does that refresh your memory at all about the
20 sort of location and specific concerns about the 02:58
21 remoteness of the job position at Chevron?

22 A I mean, no more than what's said there. Not
23 that -- I mean, I don't remember him saying whether
24 there's any medical facilities there or how remote it is
25 or how far it is to a clinic or anything like that, if 02:59

1 that's the question.

2 Q Yeah. I guess, does it make you think that you
3 at least must have known that it was in a rural or remote
4 area of Nigeria?

5 MS. KENNEDY: I'll object to the form of the
6 question.

7 THE WITNESS: I mean, it does look like I
8 understood that this was a rural or remote location.

9 BY MS. FLECHSIG:

10 Q Okay. I wanted to ask, I guess to follow up on
11 that, why was it in your opinion that he could perform a
12 job in a rural or remote area of Nigeria?

13 A Well, a couple of things. One is that his
14 aneurysm appeared stable. Second, his blood pressure
15 appeared under reasonably good control; and third, the
16 follow-up for this kind of disease is very intermittent,
17 very periodic.

18 Once a year come back and have a CT scan done.
19 It's not an elaborate follow-up, and it's not complex or
20 difficult to follow. I mean, it's a very quick, simple
21 visit. You just have him come in. Check the results of
22 the CT, check the blood pressure, chat a little bit, and
23 it's not a complicated disease process.

24 If it was to get bigger, then the follow-up would
25 be more intense, but at the level he's at it's not

02:59

02:59

03:00

03:01

03:01

1 for your time.

2 MS. KENNEDY: Dr. Khan, just a couple follow-up
3 questions from counsel.

4

5 FURTHER EXAMINATION

6 BY MS. KENNEDY:

7 Q Based on your experience and training if a
8 dilated aortic root ruptured, what happens?

9 A If it ruptures, then it's a medical emergency so
10 they need to have surgery done.

03:24

11 Q And how soon after that rupture should a person
12 have surgery?

13 A As soon as possible, but, I mean, it needs to be
14 done immediately. We helicopter patients in for that.

15 Q Is there any other medical treatment for someone
16 who has a ruptured dilated aortic root other than surgery?

03:24

17 A No.

18 MS. KENNEDY: I have no further questions. Do
19 you have any questions, Olivia?

20 MS. FLECHSIG: No.

03:24

21 MS. KENNEDY: This concludes Dr. Khan's
22 deposition. You are free to go, Dr. Khan. Hopefully, you
23 never see us, again. I think the court reporter and
24 videographer have a read-off, and then we will be done.

25 So hold on for one second.

03:24

DECLARATION UNDER PENALTY OF PERJURY

I hereby declare under penalty of perjury that the foregoing is my deposition under oath including the questions asked of me and my answers thereto; that I have read same and have made the necessary corrections, additions, or changes to my answers that I deem necessary.

In witness thereof, I hereby subscribe my name this _____ day of _____, _____.

SHAHID H. KHAN, M.D.

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CERTIFICATE

OF

CERTIFIED SHORTHAND REPORTER

The undersigned Certified Shorthand Reporter
of the State of California does hereby certify:

That the foregoing proceeding was taken
remotely before me at the time and place therein set
forth, at which time the witness was duly sworn by me;

That the testimony of the witness and all
objections made at the time of the examination were
recorded stenographically by me and were thereafter
transcribed, said transcript being a true and correct
copy of my shorthand notes thereof;

I hereby certify that I am not interested in
the event of the action.

IN WITNESS WHEREOF, I have subscribed my name
this date: February 17, 2025.


MARIVON H. CHRISTINE, CSR
Certificate No. 3735

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Marivon H. Christine , Certified Shorthand Reporter,
CSR No. 3735, hereby certify:

The foregoing is a true and correct copy of the
original transcript of the proceedings taken by me
as thereon stated.

Dated: February 24, 2025

EXHIBIT J

UNITED STATES DISTRICT COURT
FOR THE CENTRAL DISTRICT OF CALIFORNIA

MARK SNOOKAL, an individual,

Plaintiff,

Case No.

vs.

2:23-cv-6302-HDV-AJR

CHEVRON USA, INC., a California
Corporation, and DOES 1 through 10,
inclusive,

Defendants.

DEPOSITION OF DR. UJOMOTI AKINTUNDE

OCTOBER 31, 2024

CONDUCTED VIA ZOOM VIDEOCONFERENCE

REPORTED BY LAUREN RAMSEYER, CSR NO. 14004

Dr. Ujomoti Akintunde

October 31, 2024

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UNITED STATES DISTRICT COURT
FOR THE CENTRAL DISTRICT OF CALIFORNIA

MARK SNOOKAL, an individual,
Plaintiff, Case No.
vs. 2:23-cv-6302-HDV-AJR
CHEVRON USA, INC., a California
Corporation, and DOES 1 through 10,
inclusive,
Defendants.

DEPOSITION OF DR. UJOMOTI AKINTUNDE,
commencing on Thursday, October 31, 2024, at 8:00 a.m.,
Pacific Time, held via Zoom videoconference, all
participants appearing remotely before Lauren Ramseyer,
Certified Shorthand Reporter, CSR No. 14004.

Dr. Ujomoti Akintunde

October 31, 2024

1 Q. And does a rupture -- excuse me, strike that.

2 Can a rupture lead to death?

3 A. Sorry?

4 Q. Can a rupture --

5 A. Please repeat.

6 Q. I apologize. Can a rupture lead to death?

7 A. Yes.

8 Q. Under what circumstances would a rupture lead
9 to death?

10 A. If it's sudden, its inability to get to -- if
11 it's large and sudden or there isn't enough time to get
12 appropriate medical attention, it can lead to death.
13 Sometimes even when you get appropriate medical
14 attention, it can lead to death.

15 Q. And is that because of the blood loss
16 associated with the rupture?

17 A. Largely. Largely, yes.

18 Q. And you also mentioned a dissection being a
19 complication. What is a dissection?

20 A. It's a tear in the wall of the aorta, and when
21 that tear occurs, blood fills into the defects created
22 by the tear, so the wall of the aorta becomes weak and
23 prone to rupture.

24 Q. So would it be accurate to say that a
25 dissection could lead to rupture?

Dr. Ujomoti Akintunde

October 31, 2024

1 A. Correct.

2 Q. Do you have a sense for how often a rupture --
3 I'm sorry, strike that.

4 Do you have a sense for how often a dissection
5 leads to a rupture?

6 A. No, I don't have the numbers off the top of my
7 head.

8 Q. Okay. And can a dissection lead to death?

9 A. Yes.

10 Q. Under what circumstances would a dissection
11 lead to death?

12 A. Likely, commonly due to rupture, commonly.

13 Q. You also separately mentioned that death was a
14 complication associated with a dilated aortic root?

15 A. Yes.

16 Q. Could you tell us more about that?

17 MS. FLECHSIG: Vague and ambiguous.

18 THE WITNESS: Sorry? Oh, okay.

19 BY MS. FAN:

20 Q. Let me rephrase. So you mentioned that death
21 is another complication associated with a dilated aortic
22 root.

23 A. Yes.

24 Q. How does a dilated aortic root, how does that
25 condition result in death?

Dr. Ujomoti Akintunde

October 31, 2024

1 A. If there's an increase of size or a dissection
2 or if there's a rupture. Sometimes it will cause even
3 undiagnosed, and it's only detected at autopsy.

4 Q. With these complications that we discussed,
5 they -- can they be associated with an asymptomatic
6 dilated aortic root?

7 A. Oftentimes, they are associated with
8 symptomatic, but it's also possible for the person to
9 not have a chance to present in hospital and they
10 present as a fatality.

11 Q. So to make sure I understand you correctly,
12 sometimes these complications could result without the
13 patient experiencing any symptoms?

14 A. Sometimes. But most times, most times they do
15 have symptoms. But the reason I put it that way is
16 before the patient gets to the hospital to complain of
17 symptoms, they may have passed away. That's what I mean
18 by that.

19 Q. Understood. Thank you. Based on your
20 assessment of Mr. Snookal's imaging reports, what was
21 your assessment of the risk associated with his
22 condition?

23 A. I thought he was low risk.

24 Q. What do you mean by "low risk"?

25 A. The chance of him having an adverse cardiac

Dr. Ujomoti Akintunde

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1 foundation. Vague and ambiguous.

2 THE WITNESS: It would be higher than the
3 person who does not have a dilated aortic root and is
4 otherwise well, yes.

5 BY MS. FAN:

6 Q. So you assessed Mr. Snookal's risk of
7 complication with his dilated aortic root to be low.
8 What did you base your assessment on?

9 A. The outcomes of people from -- from many -- I
10 mean, experience on literature, the outcome of people in
11 that category, based on scientific literature.

12 Q. When you say outcomes, what are you referring
13 to?

14 A. Adverse outcomes, adverse aortic outcomes and
15 death.

16 Q. I see. So when you say you based it on your
17 knowledge of medical literature regarding his condition,
18 what medical literature are you referring to?

19 A. I read a lot of articles and medical
20 materials, various kinds, you know, in my -- in the
21 course of my practice. I come across different reading
22 materials or texts.

23 Q. At the time that you made your assessment of
24 Mr. Snookal's risk of complication, were you aware that
25 his cardiologist had quoted his risk of complication at

Dr. Ujomoti Akintunde

October 31, 2024

1 could you state it again, please?

2 BY MS. FAN:

3 Q. Yeah, of course. If Mr. Snookal experienced a
4 cardiovascular complication relating to his aortic root,
5 what interventions are required?

6 MS. FLECHSIG: Same objections, but also
7 incomplete hypothetical. Go ahead.

8 THE WITNESS: So he would need to be medevaced
9 immediately to the center where he could have access to
10 definitive care.

11 BY MS. FAN:

12 Q. And to be clear, the kind of cardiovascular
13 complications that Mr. Snookal would experience with an
14 aortic root would be a rupture, or dissection; is that
15 correct?

16 A. Yes.

17 Q. And the third complication you mentioned
18 relating to a dilated aortic root was death?

19 A. Yes.

20 Q. So, of course, if a death had occurred, no
21 interventions would be possible.

22 MS. FLECHSIG: Incomplete hypothetical.

23 THE WITNESS: Yes.

24 BY MS. FAN:

25 Q. Based on your knowledge of the medical

Dr. Ujomoti Akintunde

October 31, 2024

1 facilities in Escravos, would they be able to support
2 Mr. Snookal if he suffered a cardiological event?

3 MS. FLECHSIG: Objection. Incomplete
4 hypothetical. Vague and ambiguous as to cardiac event.

5 THE WITNESS: No.

6 BY MS. FAN:

7 Q. And to clarify, if Mr. Snookal suffered a
8 rupture in -- strike that.

9 If Mr. Snookal experienced a rupture relating
10 to his dilated aortic root in Escravos, based on your
11 knowledge of the medical facilities available, would
12 they be able to support Mr. Snookal in the event of a
13 rupture?

14 MS. FLECHSIG: Objection. Vague and ambiguous
15 as to the meaning of support.

16 THE WITNESS: No.

17 BY MS. FAN:

18 Q. Based on your knowledge of the medical
19 facilities in Escravos, would they be able to support
20 Mr. Snookal if he suffered a dissection relating to his
21 dilated aortic root?

22 MS. FLECHSIG: Objection. Vague and ambiguous
23 as to the meaning of support. Incomplete hypothetical.

24 THE WITNESS: No.

25

Dr. Ujomoti Akintunde

October 31, 2024

* * *

I, DR. UJOMOTI AKINTUNDE, hereby declare under penalty of perjury that the foregoing is my deposition under oath; that these are the questions asked of me and my answers thereto; that I have read my deposition and have made corrections, additions, or changes that I deem necessary.

DATED this _____ day of _____ 2024.

DR. UJOMOTI AKINTUNDE

Dr. Ujomoti Akintunde

October 31, 2024

REPORTER'S CERTIFICATE

I, Lauren Ramseyer, Certified Shorthand Reporter licensed in the State of California, License No. 14004, hereby certify that the deponent was by me first duly sworn and the foregoing testimony was reported by me and was thereafter transcribed with Computer-Aided Transcription; that the foregoing is a full, complete, and true record of said proceedings.

I further certify that I am not of counsel or attorney for either or any of the parties in the foregoing proceeding and caption named or in any way interested in the outcome of the cause in said caption.

The dismantling, unsealing, or unbinding of the original transcript will render the reporter's certificate null and void.

In witness whereof, I have hereunto set my hand this day: November 19, 2024.

A handwritten signature in black ink, reading "Lauren Ramseyer", is written over a horizontal line.

Lauren Ramseyer, CSR No. 14004